

Name _____
 ID _____
2019-20 MedDent- Parent.online (739)

Western Illinois University
 Financial Aid Office
 Sherman Hall 127
 1 University Circle
 Macomb, IL 61455-1390
 Phone: 309/298-2446
 FAX: 309/298-2353

I am requesting a special review of my 2019-20 financial aid application.

I have attached a copy of my parents' 2017 federal tax return transcript*, which includes **Schedule A** (itemized deductions), showing the medical/dental expenses **paid in 2017**.

I understand the Financial Aid Office **will not accept** medical or dental bills or canceled checks.

Student's signature _____ **Date** _____

Parent's signature _____ **Date** _____

Parent's e-mail address _____

Parent's phone number: _____

Tax Transcript Request:

IRS - Get Transcript	
<ul style="list-style-type: none"> • www.irs.gov/transcript • IRS's preferred Transcript delivery channel • Accessible after taxpayer authenticates identification • Do not proceed as 'guest' • Select appropriate tax year - * beside year means not available yet • Provides IMMEDIATE display of transcript via PDF file • User can view, print, and/or save the file 	

Automated Phone	Mail	IRS2Go	Form 4506T-EZ
<ul style="list-style-type: none"> • 1(800)908-9946 • Self-service • 5-10 day delivery to address on file 	<ul style="list-style-type: none"> • www.irs.gov/transcript • Select "Get Transcript by Mail" • 7-10 day delivery to address on file 	<ul style="list-style-type: none"> • Mobile app available for Android and iOS • Self service • 5-10 day delivery to address on file 	<ul style="list-style-type: none"> • http://www.irs.gov/pub/irs-pdf/f4506tez.pdf • Send to address or fax # on page 2 • Third party address must be very specific • 10-20 day delivery to specified address

Note: **Please keep your original transcript(s) and send us a photocopy with your name and WIU ID.**